

# MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15	1					
16	1					
17		1				
18		2				
19		2				
20		2				
21		2				
22		2				
23		2				
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40		2				
41		2				
42		2				
43		2				
44		2				
45		2				
46		2				
47		2				
48		2				
49	1					
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

84  
33  
2  
119

	IND		DEP		IND		DEP		IND		DEP	
51												
52												
53												
54												
55												
56												
57												
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73	1											
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91												
92												
93												
94												
95												
96												
97												
98												
99												
100												
TOTAL IND.												
TOTAL DEP.												
TOTAL CLAIMS												

7

102

119